

10/18/05 3:48:05
BK 512 PG 385
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between Reba S. Shockley, an unmarried woman, Grantor, and Dorothy Annette Fowler, an unmarried woman, Grantee,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantee to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantee, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of MISSISSIPPI, and more particularly described as follows, to-wit:

LOT 30, MAGNOLIA TRACE SUBDIVISION, IN SECTION 35,
TOWNSHIP 1 SOUTH, RANGE 6 WEST, DESOTO COUNTY,
MISSISSIPPI, AS PER PLAT THEREOF RECORDED IN PLAT
BOOK 49, PAGE 33, IN THE OFFICE OF THE CHANCERY
CLERK OF DESOTO COUNTY, MISSISSIPPI.

By way of explanation, Alvin Shockley, husband of Reba S. Shockley, passed away on or about December 14, 2001. (See Death Certificate attached hereto as Exhibit "A").

TO HAVE AND TO HOLD unto the Grantee, his/her heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.

Baslin

2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.

3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 14th day of October, 2005.

Reba S. Shockley
Reba S. Shockley

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, Reba S. Shockley, who acknowledged that she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 14th day of October, 2005.

(SEAL)

My Commission Expires



Brenda R. Buckingham
NOTARY PUBLIC

ADDRESS OF GRANTOR:

903 Lakeland Drive
West Memphis, AR 72301
Home: 901-550-3908
Work: NONE

ADDRESS OF GRANTEE:

6879 Amanda Drive
Olive Branch, Mississippi 38654
Home: 901-853-0199
Work: 901-854-3000

PREPARED BY AND RETURN TO:

BASKIN McCARROLL McCASKILL & CAMPBELL, P.A.
P. O. BOX 190
SOUTHAVEN, MS 38671-0190
(662) 349-0664

FILE# 805452/JSM

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDSTYPE OR PRINT
WITH BLACK INKFILING
DATE

JAN 0 2 2002

CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER 123-

DECEASED

If death occurred in
an institution, see
HANDBOOK, regarding
completion of
RESIDENCE itemsFor RESIDENCE items,
enter actual location
of home rather than
mailing address

1. NAME First Middle Last Alvin Richard Shockley	2. SEX Male	3a. HOUR OF DEATH 6:00A m.	3b. DATE OF DEATH (Month, Day, Year) Dec. 14, 2001				
4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 69 Years	5b. MOS. 69	5c. DAYS 69	5d. HOURS 69	5e. MINS 69	6. DATE OF BIRTH (Month, Day, Year) April 4, 1932	7a. COUNTY OF DEATH Desoto
7b. CITY OR TOWN OF DEATH Southaven	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Bapt. Progressive Care Center	7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA INPT	8. STATE OF BIRTH TN				
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (0-12) (1-4) (5+) 12	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Reba Sue Shanks	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes				
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 413-48-9951	15a. USUAL OCCUPATION (Kind of work done most of working life) Owner Shoe Repair	15b. KIND OF BUSINESS OR INDUSTRY Shoe Repair				
16a. RESIDENCE--STATE MS	16b. COUNTY Desoto	16c. CITY OR TOWN Southaven	16d. INSIDE CITY LIMITS (Specify Yes or No) Yes	16e. STREET AND NUMBER OR RURAL LOCATION 7805 Southcrest Parkway			

PARENTS

17. FATHER--NAME First Middle Last Martin Luther Shockley	18. MOTHER--NAME First Middle Maiden Mary Elizabeth Heaton
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INFORMANT

19a. INFORMANT--NAME (Type or print) Reba Sue Shockley	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6879 Amanda Dr. N., Olive Branch, MS 38654
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY--NAME West TN Vets. Cemetery Memphis, TN	20c. LOCATION (City and State) Memphis, TN	21a. EMBALMER--SIGNATURE AND NUMBER [Signature] 4586
21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER Brantley Funeral Home 17B	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P. O. Box 428, Olive Branch, MS 38654-0428		

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) Judy Pollock, R.N.	22b. PRONOUNCED DEAD (Month, Day, Year) Dec. 14, 2001	22c. PRONOUNCED DEAD (Hour) AT 6:00A m.
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CERTIFIER

23a. CERTIFIER--NAME (Type or print) Jeffery Pounders	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651
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Mississippi State
Board of Health
Form No. 511
Revised 1-1-89

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE [Signature] MD	24b. DATE SIGNED (Month, Day, Year) Dec. 22, 2001	24c. STATE LICENSE NUMBER DESO-0161	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE [Signature]	24f. TITLE DESO-0161	24g. DATE SIGNED (Month, Day, Year) Dec. 22, 2001	

CAUSE OF DEATH

Conditions, if any,
which gave rise to
immediate cause
stating the
underlying
cause last

25. PART I: DEATH CAUSED BY: (a) Hypertension Interval between onset and death (b) Diabetes Interval between onset and death (c) Interval between onset and death	25. IMMEDIATE CAUSE (Enter one cause only): DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):
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Had Decedent
been Pregnant
Within 90 Days
Prior to Death?
☐ Yes ☐ No

26. PART II: OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I CVA, CHF	27. AUTOPSY (Yes or No) No	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes	
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 	29b. DATE OF INJURY (Month, Day, Year) 	29c. HOUR OF INJURY m.	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
29e. INJURY AT WORK (Yes or No) 	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 	29g. LOCATION Street or route number City or town State 	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER**Judy Moulder**
Judy Moulder
STATE REGISTRAR

JAN -2 2002

WARNING:

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